Training

IHS: Billing multiple visits

When: July 17, 2013 Conference Call

Effective date of Change: July 1, 2013

History:

Originally, IHS providers were reimbursed for one visit per day regardless of the number of services rendered at the time of the visit.

The Centers for Medicare and Medicaid (CMS) through a state plan change allowed the Department to start reimbursing IHS for multiple visits on the same date of service.

Prior to July 1, 2013, IHS providers were setup with a specific list of revenue codes and rates for each code (See Below). IHS providers could bill more than one revenue code and more than one unit of service on the same claim and get paid for multiple services. This method, however good in thought, did not incorporate the billing practice of the IHS facilities which was to bill on a separate claim forms, for different services delivered on the same date of service.

As a result, the Department put in a Customer Service Request (CSR) to Xerox to implement further changes to the Medicaid Management Information System (MMIS). This change, effective July 1, 2013 now allows IHS facilities to bill on one or multiple claims and more than one revenue codes for the same date of service.

Revenue Code

- 100 Inpatient Hospital (Blackfeet, Crow and Fort Belknap)
- 300 Lab
- 320 Radiology (07/01/13)
- 400 Radiology (end date 06/30/13)
- 500 Outpatient
- 509 Other Eyeglass
- 512 Dental
- 513 Mental Health
- 519 Other Outpatient
- 771 Vaccination
- 987 Professional Inpatient Service (Blackfeet, Crow and Fort Belknap)
 - All revenue codes require units of service on the claim form
 - All revenue codes required a procedure code except 100 and 987
 - Lab (300) and X-Ray (320) are to be billed as stand-alone visits only (per Billings Area Office)

Examples of Billing on a UB-04 Claim Form (Same Claim)

- 1) Pay the all-inclusive rate (AIR) for each line that has a different revenue code and the same date of service.
 - 500 050113

pay

512 050113

pay

513 050113

pay

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ш	4	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
ш	1	500		99212	050113	1	PAY		
Ш	2	512		99212	050113	1	PAY		
Ш	3	513		99212	050113	1	PAY		

1) Lines will deny that have the same revenue codes for the same date of service.

•	500	050113

pay

• 500 050113

deny

512 050113

pay

512 050113

deny

513 050113

pay

513 050113

deny

1	42 REV. CD. 43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. LINITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	40
1	500	99212	050113	1	PAY	1	1
	500	99212	050113	1	DENY		
	512	99212	050113	1	PAY		
	512	99212	050113	1	DENY	1	
	513	99212	050113	1	PAY		
	513	99212	050113	1	DENY		

- 2) Pay the AIR for each line that has the same revenue code but different dates of service.
 - 500 050113

Pay

500 050213

Pay

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	4	12 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	П
	1	500		99212	050113	1	PAY			1
	2	500		99212	050213	1	PAY			2

- 3) Deny the line when a revenue code is not on the provider's charge file.
 - 500 050113

Pay

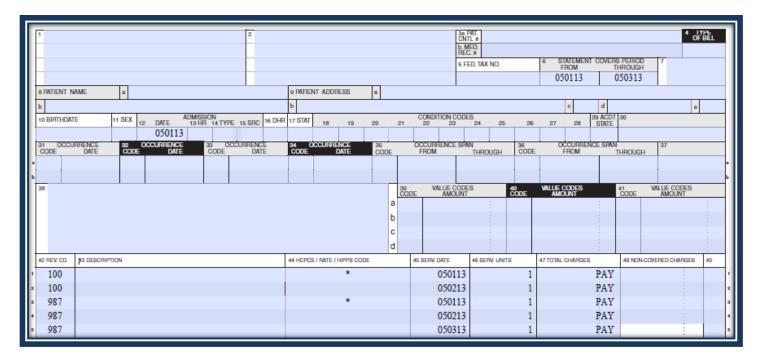
306 050113

deny

ш		42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	1
Ш	'n	500		99212	050113	1	PAY			1
ш	2	306		99212	050113	1	DENY			2

4) Inpatient Hospital Stay – Covered dates are 050113—050313

•	100	050113	Pay
•	100	050213	Pay
•	987	050113	Pay
•	987	050213	Pay
•	987	050313	Pav



OR

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		42 REV. CD.	43 DEBICRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
	1	100			050113	2	PAY			1
	2	987			050113	3	PAY			2
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5) Billing for a stand-alone Lab and X-Ray service.

ш	Ī	42 REV. CD.	N3 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
ш	1	300		99212	050113	1	PAY			1
ш	2	320		99212	070113	1	PAY			2

П		_								
Ш	I	42 REV. CD.	N3 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
Ш	ŀ	300		99212	050113	1	PAY			1
Ш	2	400		99212	070213	1	DENY			2

Examples of Billing on a UB-04 Claim Form (Multiple Claims)

6) Submit two claims for the same client for the same date of service.

• 500

050113

Pay

Second Claim

• 512

050113

Pay

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ш	42 RE	EV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	1
ш	1 5	500		99212	050113	1	PAY			1
ш								:		J

Second claim

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ш	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	П
ш	512		99212	050113	1	PAY			1

7) Submit two claims, different dates of service

500

011613

Pay

• 500

011713

Pay

Second Claim

512

011613

Pay

519

011713

Pay

Г		_							-	
	I	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
	h	500		99212	011613	1	PAY			1
	2	500		99212	011713	1	PAY			2
L	_								_	_

And

				_					
	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	П
1	512		99212	011613	1	PAY			1
2	519		99212	011713	1	PAY			2

8) Submit two claims, same client, and same date of service.

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			d		:	:		:
43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
		99212		050113	1	PAY		1
		99212		050113	1	PAY		-

Second claim

П		_								
Ш	4	12 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	П
Ш	1	500		99212	050113	1	DENY			1
ш										